The Accountable Care Collaborative HB-1281 Pilots

An Overview of Rocky Mountain Health Plans Prime

Program Improvement Advisory Committee
May 16, 2018

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Objectives

- Review the principles and history of managed care in Colorado
- Review the design and implementation of Rocky Mountain Health Plans (Rocky) Prime
- Discuss the performance and lessons learned of Rocky Prime

Key Questions

- How does the Department develop and monitor delivery system innovations through the Accountable Care Collaborative (ACC)?
- How does the Department scale effective innovations across the ACC?

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CO Managed Care 101

Key Principles

Managed Care (noun // CMS): "A health care delivery system organized to manage cost, utilization, and quality…through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for [contracted] services."

CO Managed Care 101
Key Principles

- Key policy levers
  - Capitation: actuarial-sound monthly rate per cohort
    - Affords flexibility with service provision and coordination
    - Based on three years of cohort utilization
  - Medical Loss Ratio (MLR): determined percentage of overall medical expenditures
    - CMS Standard = 85%
- Encourage coordinated system across established utilization patterns

CO Managed Care 101
Authority

- Federal authority granted through state plan amendment (SPA) with CMS
  - State legislation (HB-1281) created two payment innovation pilots under SPA and the ACC
  - 1915(b) waiver becomes new authority for ACC Phase II and pilots

CO Managed Care 101
History

- 1990's
  - Legislation in 1995 required managed care for 75% of Medicaid
    - Rates 95% of FFS
  - Produced initial savings
- 2000's
  - Conflicts over rates and savings precipitated lawsuits from providers and plans
  - Medicaid returned to FFS, but some managed care remained
    - Denver Health and Rocky Administrative Services Organization (ASO)

CO Managed Care 101
History

- 2010's
  - Patient Protection and Affordable Care Act passed (2010)
  - Uncontrolled costs precipitated ACC (2011)
  - HB-1281 created payment reform pilots (2012)
  - Colorado expanded Medicaid (2014)
  - Rocky procured HB-1281 bid, folded in ASO, and implemented Prime (2012-Sept 2014)

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Rocky Prime
Design

- Rocky submitted HB-1281 RFP **P**ayment **R**eform **I**nitiative for **M**edicaid **E**xpansion
- Emphasized the following:
  - Achievement of the triple aim for Medicaid expansion
  - Behavioral health integration through aligned incentives and shared savings
  - Economic basis for whole person care
  - New quality models through practice transformation
  - Broad community engagement through governance and transparency

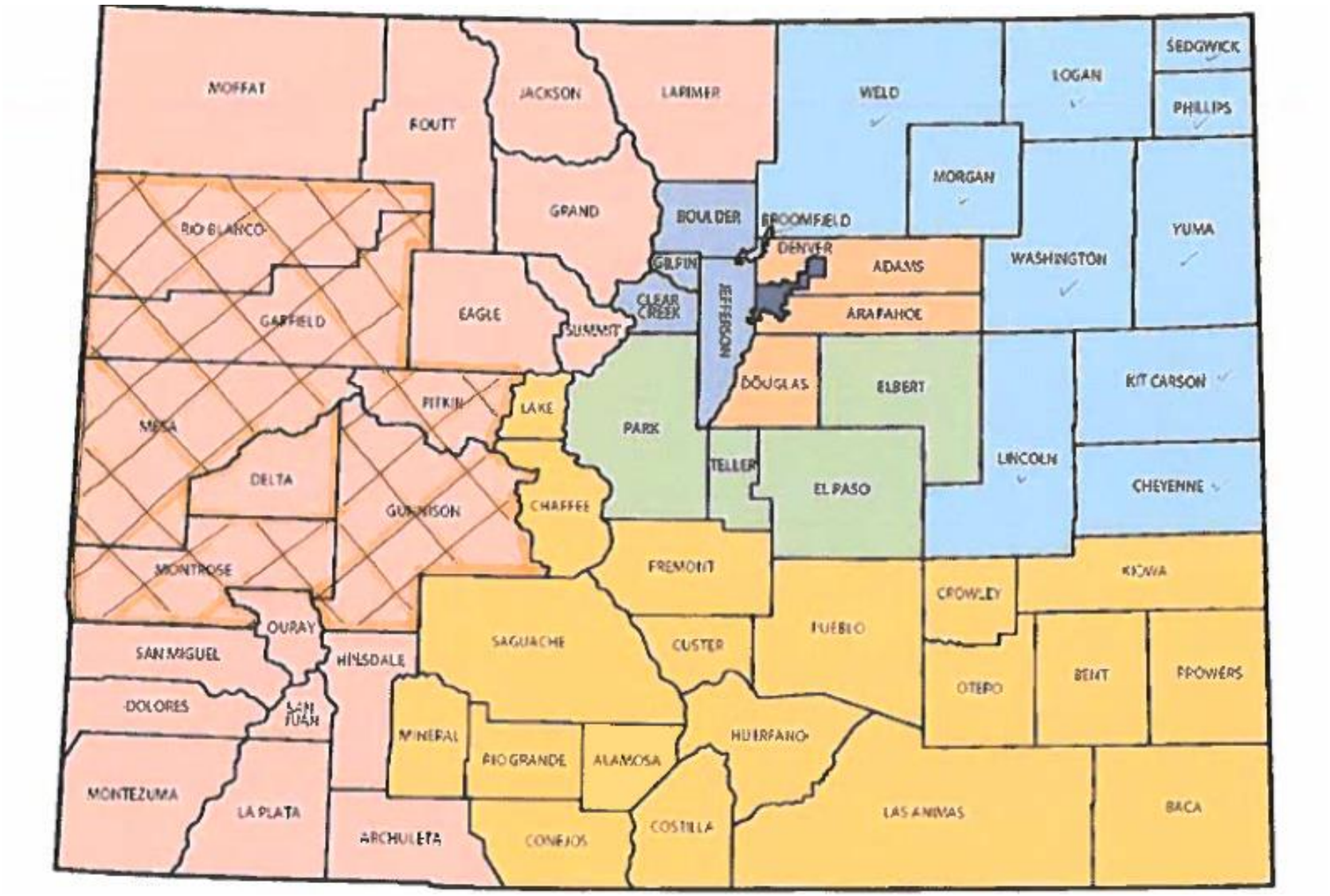
Rocky Prime
Design

- MLR is adjusted to 89% with 4% tied to four quality outcomes
  - Two physical health
  - One behavioral health
  - One patient engagement
- Prime uses an integrated governance structure composed of behavioral and physical health providers
  - Advises and develops strategies to foster system coordination

Rocky Prime
Implementation

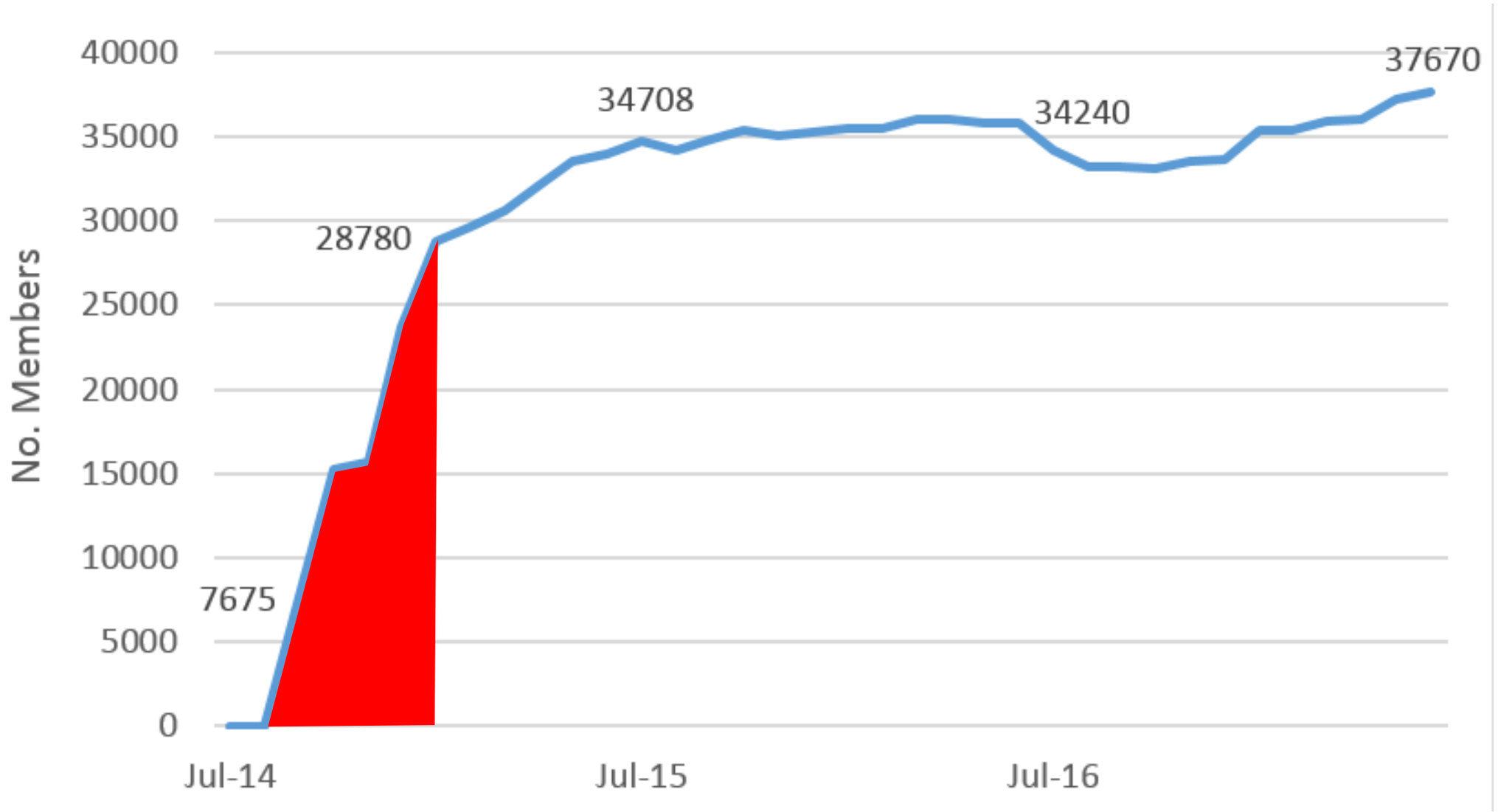
- Enrollment covers six counties
  - 2016-2017: 34,893 members
    - Primarily (expansion) adults
    - ~300 complex children
- Expenditures have leveled
  - 2016-2017: $174,158,426
    - 12% decrease from 2015-2016
- Benefits are “comprehensive”
  - Full-risk program
  - Wrap-around services

Rocky Prime
Implementation

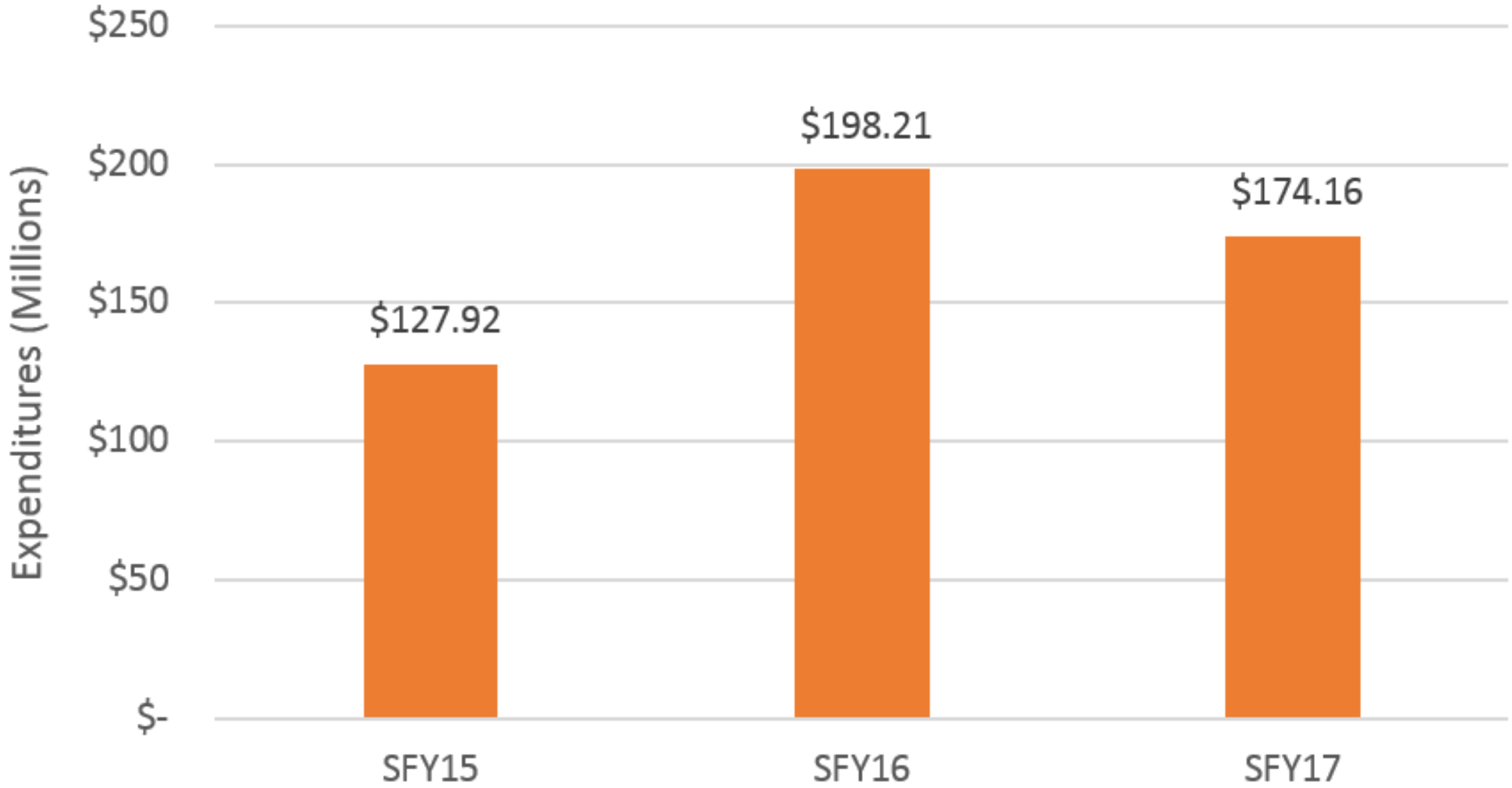


Rocky Prime

Enrollment



Rocky Prime
Expenditures



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Rocky Prime
MLR Performance

- Prime ties 4% of MLR to quality metrics
- Metrics target triple aim and service coordination
  - Physical Health
    - A1c poor control (>9%) (HEDIS)
    - BMI assessment (HEDIS)
  - Behavioral Health
    - Anti-depressant medication management (HEDIS)
  - Patient Engagement
    - Patient Activation Measure (PAM) implementation

Rocky Prime
MLR Performance

	SFY15	SFY16	SFY17
Metric 1	A1c Poor Control **MET**	A1c Poor Control **MET**	A1c Poor Control **MET**
Metric 2	BMI Assessment **MET**	BMI Assessment **MET**	BMI Assessment **MET**
Metric 3	Anti-Depressant Rx Mgmt **MET**	Anti-Depressant Rx Mgmt **MET**	Anti-Depressant Rx Mgmt **NOT MET**
Metric 4	PAM Implementation **MET**	PAM Implementation **MET**	PAM Coaching Tool **MET**
Final MLR	85%	85%	86%

Rocky Prime
MLR Performance

- Future metrics emphasize broader service coordination and program alignment
  - Depression screening and follow-up
  - SUD ER utilization
- Future metrics also use clinical data to drive performance
  - A1c poor control (>9%) and depression screening and follow-up reported as eCQM through SPLIT

Rocky Prime

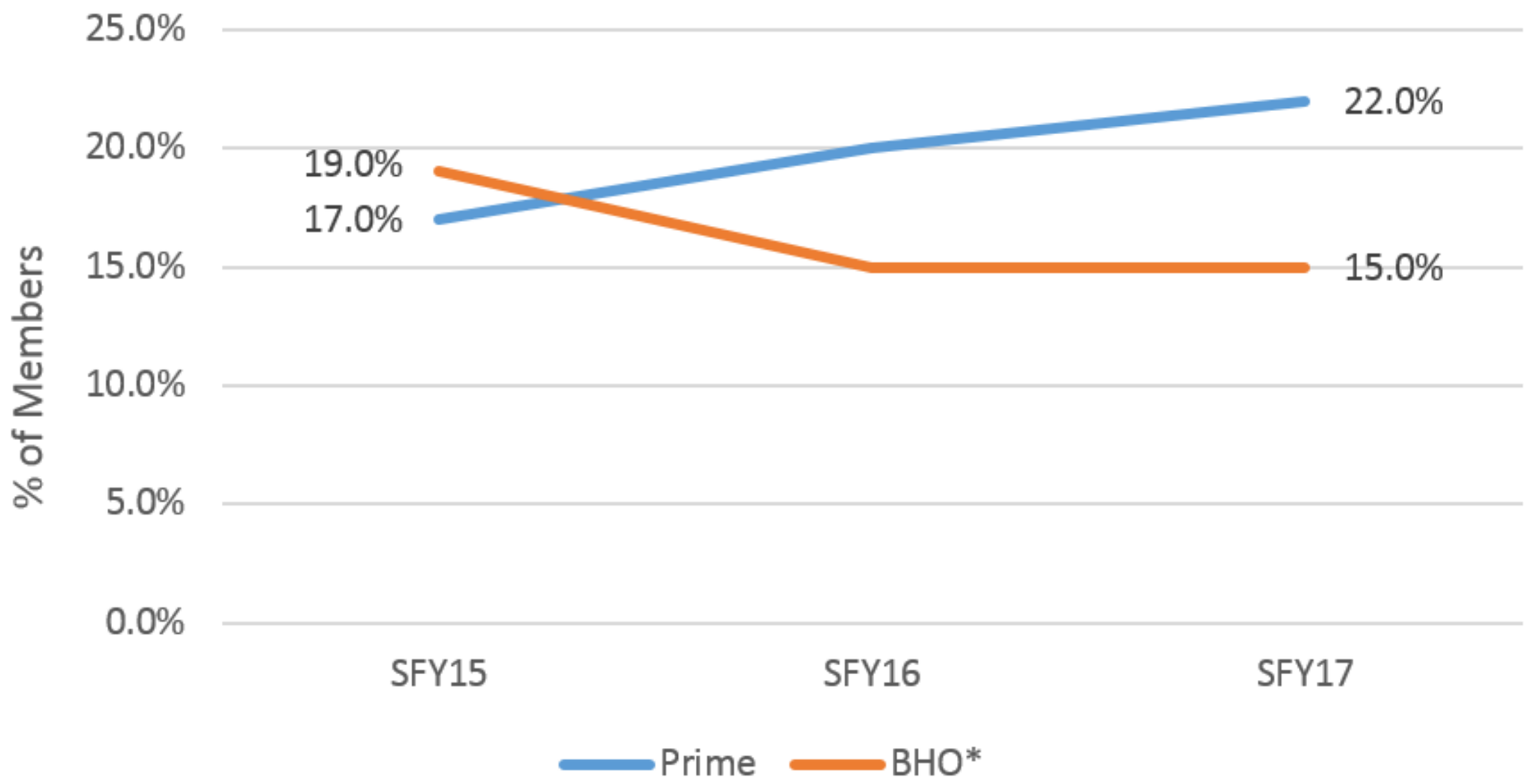
Emergency Room Utilization (PKPY)

	SFY15	SFY16	SFY17
Rocky Prime	37.7*	76.1	74.8
ACC**	61.4	57.6	58.5
ACC: RCCO 1**	53.6	51.1	49.0

*Year-long, ramped enrollment.
**Includes all populations.

Rocky Prime

Behavioral Health Penetration

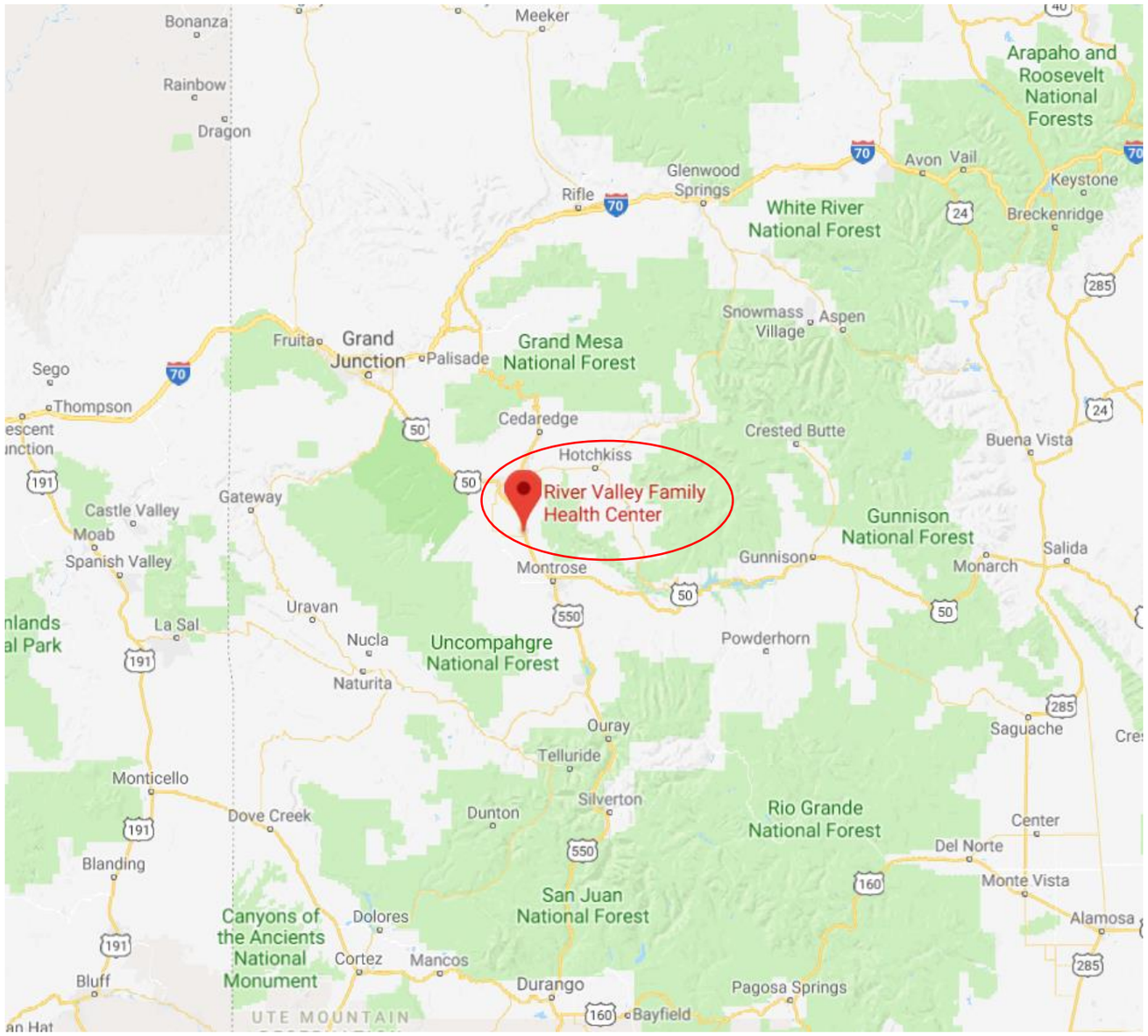


*Includes all populations.

Rocky Prime
Practice Support

- Prime deploys community integration agreements with practices
- Agreements are fine-tuned to practice needs and status and include:
  - Alternative payment arrangements
  - Attribution incentives
  - Transformation and quality targets
  - Tools, technology and workforce needed

Rocky Prime
Practice Support



Rocky Prime
Member Engagement

- Prime ensures cultural competency through consumer network and capacity building with diverse member groups
  - Independent living centers
  - Translation services and Deaf community
  - First generation and mono-lingual Latino community)
- Prime creates a local leadership network to foster greater inclusion of social factors
  - Health Alliances
  - Accountable Health Communities Model

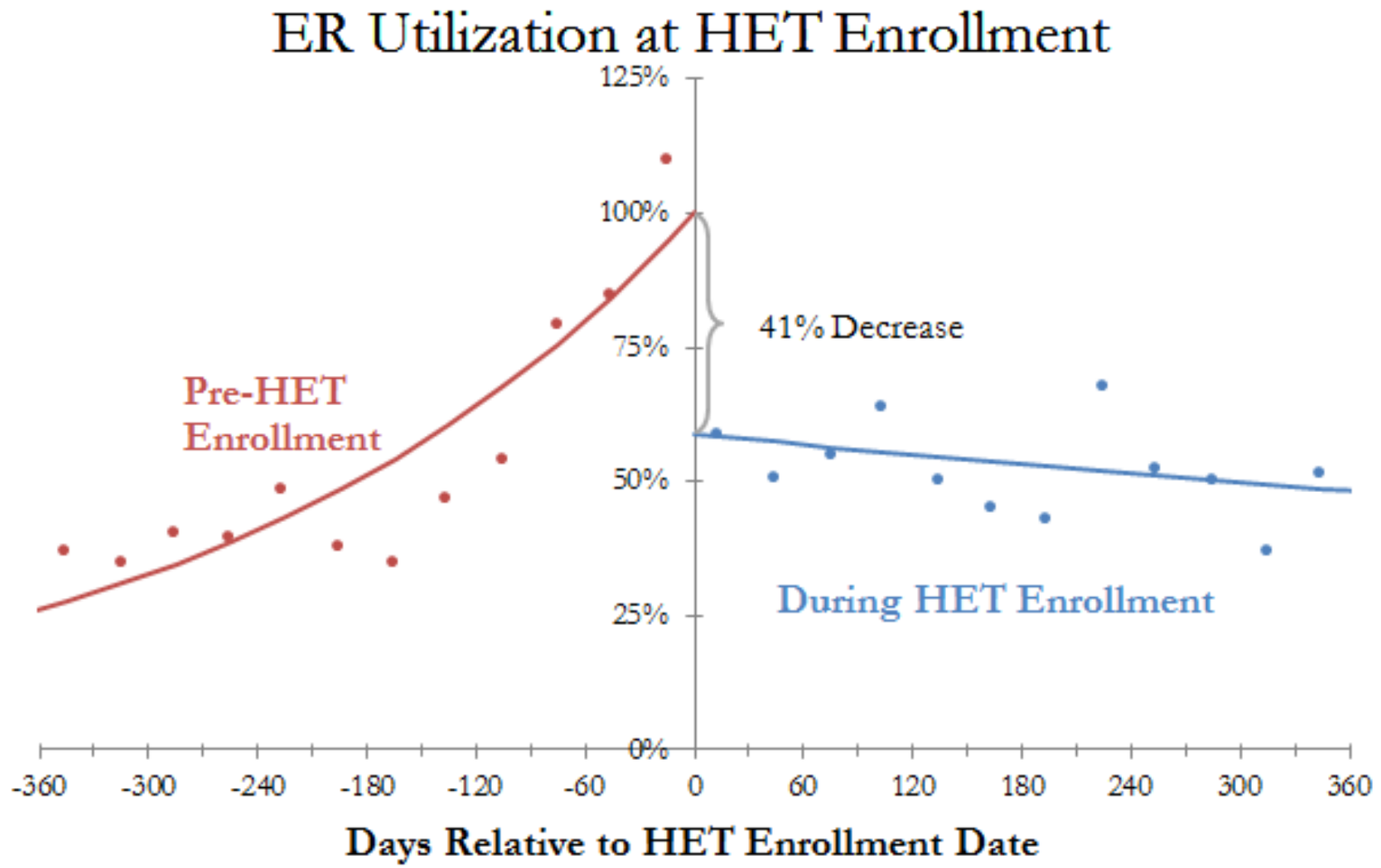
Rocky Prime
Member Engagement

- Prime creates integrated care coordination to address complex members' needs
- Whole Health, LLC created in partnership with community mental health centers
  - Funded through payment reforms
    - Includes Fleet transportation
  - Accountable to primary care practices
  - Defined cohorts

Rocky Prime

Member Engagement

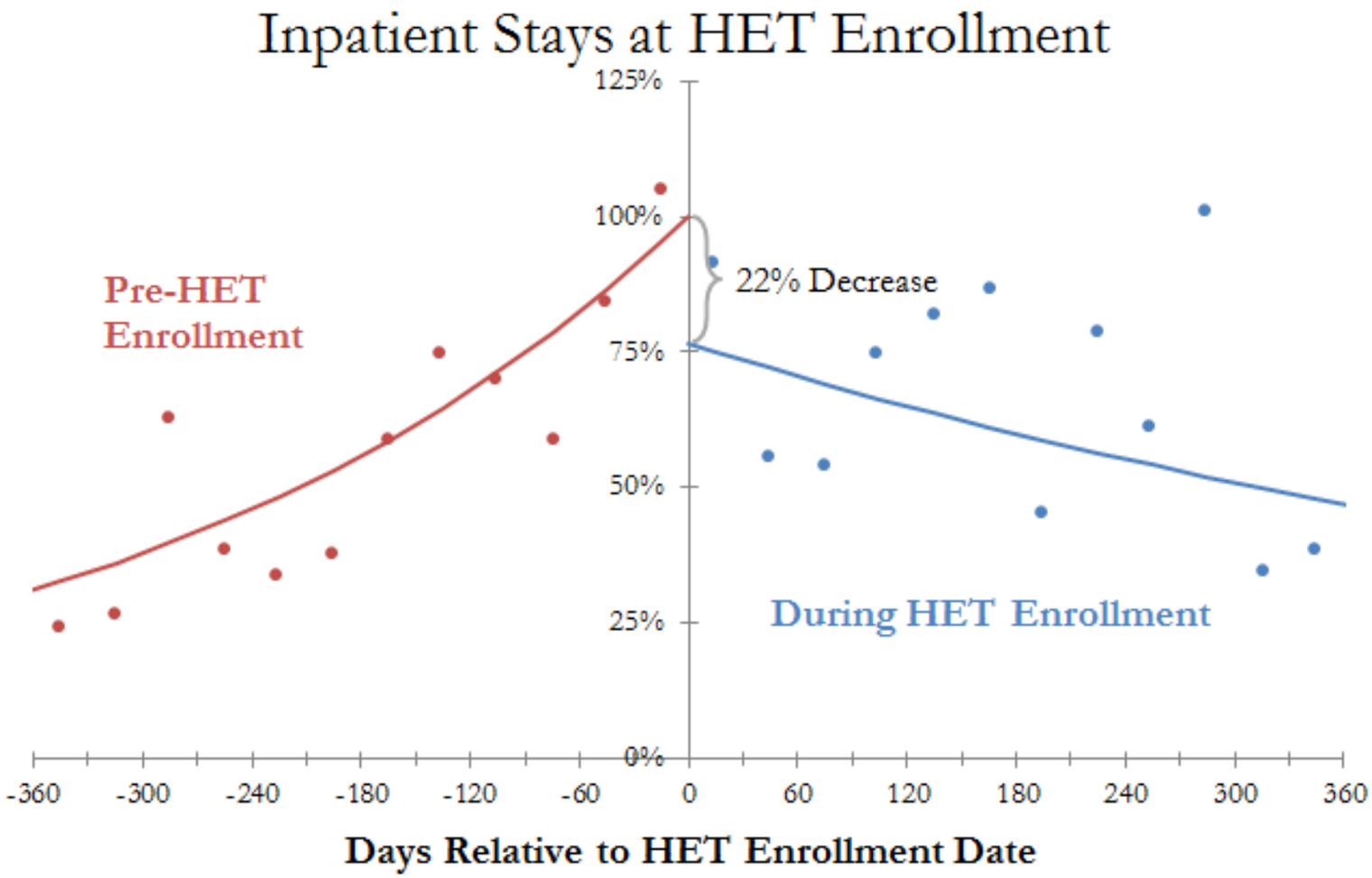
Whole Health Outcomes



Rocky Prime

Member Engagement

Whole Health Outcomes



Rocky Prime
Lessons Learned

- Coordination efforts need to happen at all delivery levels and in concert with one another
  - MLR metric
  - Integrated governance structure
  - Integrated care coordination
- Tailored practice support leads to more successful practice transformation and capacity building efforts
- Diverse member engagement strategies lead to locally-driven health care

Rocky Prime
ACC Phase II

- 1915(b) waiver becomes new authority for ACC Phase II and pilots
  - RAE 1 will oversee managed care contract
- Greater alignment will occur with other programs
  - MLR metrics, BH Incentives, and RAE KPIs
  - Greater consistency in contract language

Rocky Prime
Continued Questions

- Are competing payment systems creating varying delivery systems?
- Is capitation appropriate for all populations?
- Can managed care produce and demonstrate long-term savings and cost-effectiveness?

Key Questions

- How does the Department develop and monitor delivery system innovations through the Accountable Care Collaborative (ACC)?
- How does the Department scale effective innovations across the ACC?

Contact Information

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